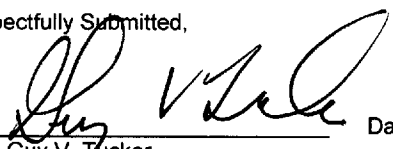


# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Weers et al.  Application No: 10/751,342  Confirmation No: 7605  Filed: December 31, 2003  Title: AEROSOLIZABLE PHARMACEUTICAL FORMULATION FOR FUNGAL INFECTION THERAPY	Group No: 1617  Examiner: Carter, Kendra D  Attorney Docket No: 53311-US-CNT (NK.0190.00)  September 28, 2009 San Francisco, California 94107
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Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450  <b>Via EFS</b>  <input checked="" type="checkbox"/> Response to Final Office Action <input type="checkbox"/> Associate Power of Attorney Statement <input type="checkbox"/> Notice of Appeal (form PTO/SB31) <input type="checkbox"/> Drawings (Formal) <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-SB08 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return (1)	<b>Extension of Time</b> <input checked="" type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Extension (Months)</th> <th colspan="2" style="text-align: center;">Extension Fee</th> </tr> <tr> <td></td> <th style="text-align: center;">Large Entity</th> <th style="text-align: center;">Small Entity</th> </tr> <tr> <td><input checked="" type="checkbox"/> One Month</td> <td style="text-align: center;">\$130.00</td> <td style="text-align: center;">\$65.00</td> </tr> <tr> <td><input type="checkbox"/> Two Months</td> <td style="text-align: center;">\$490.00</td> <td style="text-align: center;">\$245.00</td> </tr> <tr> <td><input type="checkbox"/> Three Months</td> <td style="text-align: center;">\$1,110.00</td> <td style="text-align: center;">\$555.00</td> </tr> <tr> <td colspan="3" style="text-align: center;"><b>Total \$ 130.00</b></td> </tr> </table> <input type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.	Extension (Months)	Extension Fee			Large Entity	Small Entity	<input checked="" type="checkbox"/> One Month	\$130.00	\$65.00	<input type="checkbox"/> Two Months	\$490.00	\$245.00	<input type="checkbox"/> Three Months	\$1,110.00	\$555.00	<b>Total \$ 130.00</b>		
Extension (Months)	Extension Fee																		
	Large Entity	Small Entity																	
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<input type="checkbox"/> Two Months	\$490.00	\$245.00																	
<input type="checkbox"/> Three Months	\$1,110.00	\$555.00																	
<b>Total \$ 130.00</b>																			

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	47	98	0	\$52.00	\$26.00	\$0.00
Independent Claims	3	8	0	\$220.00	\$110.00	\$0.00
Multiple Dependent Claims			0	\$390.00	\$195.00	\$0.00
Supplemental Information Disclosure Statement						
<b>Total</b>						<b>\$0.00</b>

<b>Fee Payment</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Extension Fees</td> <td style="width: 50%; text-align: right;">\$130.00</td> </tr> <tr> <td>Fee(s) for Extra Claim(s)</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td><b>Total</b></td> <td style="text-align: right;"><b>\$130.00</b></td> </tr> </table> <input type="checkbox"/> Attached is check no. _____ in the sum of \$ 0.00. <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of \$ <u>130.00</u> .  <b>CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a):</b>  I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office at (571)273-8300, or electronically submitted via EFS on the date shown below:  By: <u>Melanie Hitchcock</u> Date: <u>September 28, 2009</u> Melanie Hitchcock	Extension Fees	\$130.00	Fee(s) for Extra Claim(s)	\$ 0.00	<b>Total</b>	<b>\$130.00</b>	<b>Fee Deficiency</b> <input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> . and/or <input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .  Please direct telephone calls to: Guy V. Tucker at (415) 538-1555 Please continue to send correspondence to: NOVARTIS Corporate Intellectual Property One Health Plaza 104/3 East Hanover, NJ 07936-1080  Respectfully Submitted,  By: <u>Guy V. Tucker</u> Date: <u>September 28, 2009</u> Guy V. Tucker Registration No. 45,302
Extension Fees	\$130.00						
Fee(s) for Extra Claim(s)	\$ 0.00						
<b>Total</b>	<b>\$130.00</b>						